



GFORCE
MARTIAL ARTS STUDIO

44A WINTHURBURY MALL BLOOMFIELD, CT (860) 888-7750 WWW.GFORCESTUDIO.COM

GENERAL INFORMATION:

Student: _____

Parent(s)/ Legal Guardian(s): _____

Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (Home) _____ (Cell) _____

Student's Email Address: _____

Parent's Email Address: _____

List of any illness/physical limitations: _____

Additional concerns or comments: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____



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TERMS:

Students absent for 1 month, there will still be a charge of 35% of tuition charged to their account.

PAYMENT INFORMATION:

Payment Method: _____

Credit Card Holder: _____ Type of Credit Card: _____

Credit Card Number: _____ CCV2/CVC2: _____

Expiration Date: _____

PAYMENT SCHEDULE:

January	_____	July	_____
February	_____	August	_____
March	_____	September	_____
April	_____	October	_____
May	_____	November	_____
June	_____	December	_____

By signing this document you authorized GFORCE Martial Arts Studio LLC to charge your account every month on the dates provided above, for the next 12 months unless otherwise instructed.

Other Terms Please Specify Below: _____

Name: _____ Signature: _____



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HOLD HARMLESS

I fully understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. In the event of illness or injury as a condition of my participation in this activity, I agree to waive all claims against GFORCE Martial Arts Studio LLC and to indemnify and hold its officers, agents, and employees, harmless from any and all liability or claims, one may have against the studio or that any other person or entity may have against the studio because of any fatal bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity above and beyond the studio's insurance liability.

I have made the staff aware of all special health needs and medications required during participation in this activity. I have consulted with my physician and verify that I am medically fit to participate in this activity.

Signature of parent(s) or legal guardian(s)

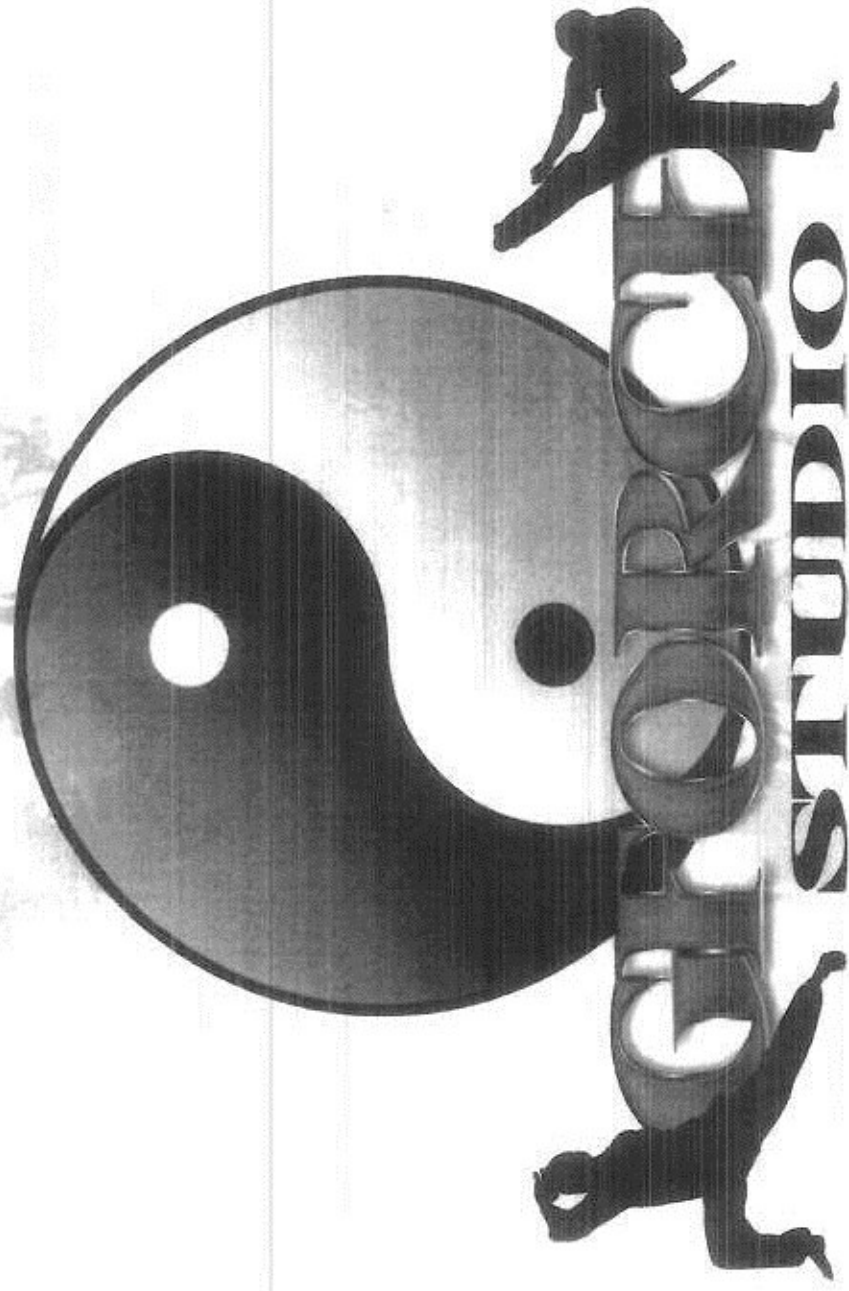
Date

Signature of student

Date

Witness

Date



APPLICATION

44A WINTONBURY MALL • BLOOMFIELD, CT 06002
TEL: 860-888-7750 • WWW.GFORCESTUDIO.COM